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## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this department.]*

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[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

DEAR EDITOR: Will you allow an ex-army nurse who has over three years of active service to her credit space to say a few words in regard to army nursing in war time in relation to the eligible volunteer list?

The letter from L. L. Hudson, published in the February number of the JOURNAL, seems to me to offer by far the strongest argument in favor of such a list that has yet been presented, although doubtless it was not written with this end in view. To plead the confusion and mismanagement that existed in early war days as an excuse for withholding support to a measure that has for its primary object the prevention of a like condition in future seems rather illogical.

Possibly if the army nurse of '98 could have been drawn from such a list, Miss Hudson's experience might have been quite different.

Unless my memory is at fault the doctor lady received her appointment as chief in place of a nurse who had proved incompetent. At that time Presidio, together with most of the large army hospitals, rejoiced in a miscellaneous collection of women—good, bad and indifferent, and the surgeon in charge, like many of the older army men, knowing little or nothing of the trained nurse, judged all by the unfortunate standard set by a few. Later on he learned to appreciate them at their full value, but alas, he swore to the bitter end!

Miss Hudson and her friend seem to have been peculiarly unfortunate in their experience with army surgeons. How can anyone state that there were no gentlemen in a corps that numbered Colonel Geo. H. Torney, gruff but kindly General Woodhull, Major Kendall, Major Shaw, Major Ireland, and the late Major W. R. Hall among its members?

There is, however, a strong sentiment among ex-army nurses that the Medical Department is a little unreasonable in demanding the flower of the profession in exchange for its own offers in return.

The government has been sufficiently liberal in the matter of quar-

ters, travelling allowances, etc., but the hated army ration, like the poor, bids fair to be with us always.

When the Army reorganization bill with its provision for a permanent Army Nurse Corps was passed in 1901, it was with a bitter sense of disappointment that we noted that no change had been made upon the (to us) vital point of subsistence. We had by our two and a half years of service proved to the Medical Department that the trained nurse was a necessary adjunct to the military hospital, but we had failed to impress it with the fact that we were deserving of a better class of maintenance than that accorded to the teamster and the enlisted man.

I am not discussing the ration from the viewpoint of its desirability as food for women of the class from which our best training-schools are recruited, but entirely in its relation to the dignity of the nursing profession.

While chief nurse of a small military hospital in Northern Luzon, I had occasion to fight many a battle royal with the commissary officer in regard to our allowances and commissary privileges. One day he exclaimed somewhat irritably: "Well, it is hard to class nurses properly, for you know the only other persons to whom rations are issued are enlisted men and teamsters!" Now, teamsters, or in other words *mule drivers*, are about the toughest element in the entire service, and of course it was anything but gratifying to hear myself and my companions ranked with them.

This seems to be the sentiment of the army as a whole, although many are too polite to express it, for there is a big social difference between he or she who draws rations and he who pays his own mess bills. A very disagreeable feeling was created during the meeting of the Spanish War Nurses in Washington in December, 1902, by the action of the Army Medical Department in connection with the Navy Nurse Corps bill, which had already been introduced in the Senate by Mr. Gallinger of New Hampshire. The Army objected so seriously to this bill because of the superior allowances, pay and (above all) *position* that it accorded the Navy nurse that it actually had to be withdrawn from the Committee on Naval Affairs and revised to make it more uniform with the Army Nurse Corps. Needless to say that in the process it was shorn of most of its advantages.

We felt that the bill should have been allowed to stand as first drawn, and if it successfully passed both houses of Congress the army could then have secured legislation which would enable it to bring its own nurse corps up to the same standard.

In view of the above you may be surprised to hear that for the last two years my name has been enrolled on the list of eligible volunteers.

In my letter to-day I am simply trying to help solve the problem of why the ex-army nurses do not respond, by giving to the JOURNAL a few of the reasons known to me; and although perfectly in accord with them in regard to the objectionable features of army nursing, I personally feel that should my country ever again need my services I will cheerfully give them even under the old conditions.

With the present ever-increasing prospect of something much more serious than the dawn "Coming up like thunder out of China 'cross the bay," surely the nurses of this country are not going to leave the medical department with a list of fifty names from which to draw its volunteer staff.

No matter what may be our views in regard to the conditions imposed by army service, who of us who have served under the Stars and Stripes in Cuba, Porto Rico, China, the Philippines, and in the camps of the United States will fail to respond to the celebrated toast of Admiral Decatur:

"Our country! \* \* \* May she always be right; but *right* or *wrong*, our country."

ESTHER V. HASSON,  
Ex-Army and Spanish War Nurse.

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TO THE EDITOR: It is true that state registration for nurses is one of the longest steps yet taken towards establishing the profession of nursing on its proper basis in the eyes of the world; that is to say, ranking it among those professions the members of which are honorably and legally recognized, and cannot be competed with by any who have not carried out the prescribed length of study required for making them members of such professions.

It is true that nurses are working hard all over the world to gain recognition as a body by the state, and to impress on it the necessity that it should grant them its protection; and in a measure they have accomplished their object. Many lawyers and some doctors are interested in the effort, and coöperate in it; but outside of these, who is there of the general public who knows of the effort that is being made? The world in general does not know what nurses are trying to obtain, and because of its ignorance is not lending its interest. Why is it that more of what is being done or written is not published in the daily newspapers, as well as in the nursing periodicals, so that the public can

become interested, and therefore educated to the fact that the profession of nursing is as important as the medical profession, and that quackery among nurses is not to be countenanced any more than quackery in any other profession?

It seems to me that the real help towards establishing this state of things is not coming from doctors, who, in spite of all that nurses have done, still continue to employ untrained nurses; nor from lawyers, who admit that registration is right and let it go at that; but from the every-day reading public, who are our true employers, and are the ones who would naturally demand skilled work for good money. Also, it is only by giving wide publicity to the matter that those women who have no right to style themselves "trained nurses," but nevertheless demand trained nurses' fees, can be reached, and have the enormity of their deception placed before them and the public.

Monthly and weekly periodicals reach comparatively few; newspapers reach everyone. Therefore let all such articles as the one on "The Progress of Registration," written by Miss L. L. Dock, be published in every daily paper, and not confined solely to the *AMERICAN JOURNAL OF NURSING*. I am writing this from my own personal experience, and also because I have heard educated members of the reading public express ignorance and surprise that such a step as state registration is in existence, and wonder what its accompanying benefits may be to the public. If publicity is not given to registration, the privilege of writing R. N. after her name will not be of any more value to the nurse in the future than the diploma and badge have been to her in the past.

PHYLLIS S. WOOD,  
Graduate Buffalo General Hospital.

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DEAR EDITOR: I should like to say to "Yearling" that when in doubt, an excellent rule to follow is to do that which is useful to one's patient, for it is the nurse who is of service who continues to be in demand. As to diaper washing, I started on my career as a private nurse with the idea that it was work which did not belong to me, and I clung to that idea for some time, until I found out how upsetting it was to an entire household to add that to the work of an already overburdened servant. If there is a laundress, regularly employed, I give her the diapers to do, but I wash out the soiled ones as soon as they are taken off the baby, and leave them soaking in cold water and ivory soap. The good feeling this brings forth repays me for the little extra work. All

servants dislike to wash diapers which have been left standing, and who can blame them? Where there is no laundress, I do them myself. If the patient will provide an agate pail and a tiny wash-board, the washing can be done in the bath-room and the boiling on the kitchen stove, with no trouble to any one. If put on to boil in cold water, there will be no stains. I usually give the baby's flannels to the washer-woman to do, as she has better facilities for doing them, and knows how to keep them soft better than I do.

To wheel a baby carriage through city streets is a most monotonous and tiresome occupation. I would far rather wash diapers, but I never refuse to do it, if the mother of the baby wishes me to take it out, for I see so many carriages bumped about by careless nurse-maids, or turned toward the sun or wind, that I think the poor babies should be in the care of the best available person. In the country, in summer, especially where there are large grounds for the baby's use, it is a delight to be out with it.

The only time I envy nurses of other schools their out-door uniforms is when I see one out with a baby, for she is secure from friendly advances from nurse-maids. Some of these I am glad to know, but they are not the ones who hail a passing stranger with a carriage as one of their own gossiping craft.

K. D.,  
Chicago.

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DEAR EDITOR: I think our private nurses are prone to shirk answering questions and papers that appear in the JOURNAL, each one thinking, I suppose, that one more competent and less busy will take it upon herself to answer them.

In reply to "Yearling" in the March JOURNAL, I would say that while I have done only a limited amount of obstetrical work in eight years of nursing, I have always found it more satisfactory to attend to the washing of the baby's flannels myself unless quite sure that the servant could and would do it properly.

I think a servant should do the napkins. I have never wheeled the baby out myself. It seems to me better to let a servant do that. Of course, if there were no servant I should do it myself. It has been my observation, however, that many obstetrical nurses do wheel the baby out, and in uniform.

Speaking of going out in uniform, I wonder why intolerance is such a common fault of nurses, who of all people should cultivate a spirit of tolerance? A recently read article on the subject of a nurse going on the street in uniform would lead one to suppose that under

no circumstances whatever was it pardonable. Of course, it is not the correct or desirable thing to do, but there are frequently cases when if a nurse did not take her few moments of outing in uniform she could not take them at all.

And while in a dissenting mood, I wonder why some things are done in training-schools that, from a common-sense standpoint, seem rather absurd? For instance, in one school of which I have been told, the nurse provides a complete probation outfit,—uniforms, aprons and cuffs in abundance, which at end of probation period are all discarded, not even the aprons and cuffs used, although there is only the slightest difference in the way they are made. In one instance of a nurse who is making a splendid record in the school, it was really a hardship to her family to provide the quantity of uniforms required. It seems as if some of the unnecessary labor and expense might be avoided.

In the same school the nurses are not allowed to speak to internes. If an interne enters a parlor where a nurse is with a visitor the nurse is required to leave the room. Among a class of young women such as nurses are supposed to be, such rules seem rather out of place.

In a very excellent school where seniors did outside work at the time, the rule was made that no nurse should drive with a coachman unless some member of the family were along. Some nurse had stooped to flirt with a coachman and the rest of the school were made to suffer with her. Naturally there was great indignation.

I have digressed from original purpose and sound very critical. My attitude toward nurses and training-schools is not critical, however.

V. V. H.,  
Madison, Ga.

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DEAR EDITOR: For some months past, I have been an interested reader of the articles in which nurses have been criticised for not responding to the call for nurses for the Army Reserve Corps, also in some of the answers which have appeared in the late JOURNALS.

First, I must admit that, to the general public, it may look like indifference or lack of patriotism, but that it really is, I most emphatically deny. The busy nurse is apt to put off the complicated and troublesome preliminaries that are required, when she does not see any signs of really being needed, perhaps not in years, possibly never.

As for the ex-army nurse, she may have her reasons for not offering her services. Of the many whom I know, there is not one whose loyalty and patriotism can be doubted, nor who would not willingly go anywhere where she needed.

I was an army nurse from July of '98 to April of 1900, and in all have done over six years of government work, yet I hesitate to offer my services to the War Department, not knowing whether they would be considered worthy of acceptance. Is it not possible that many others may feel somewhat the same?

ANNA R. TURNER,  
Ancon Hospital, Panama.

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DEAR EDITOR: A few of the methods I have adopted in obstetrical nursing may be of help to "Yearling" in solving the problems mentioned in the March number. When engaging for a case a list of supplies is given the patient including gauze, cotton and old squares of linen or soft cotton for use inside of diapers. I explain that the vulva pads of gauze and cotton and the squares containing the worst of the soil are burned, thereby saving much laundry. I myself rinse out the wet diapers for use the second time (never more), and place the soiled ones in cold water in the laundry for the maid to wash. I only wash the baby's flannels when I see that they are being ruined.

Usually the baby can take its airing in a basket or cab on the porch. I would not consider it bad form, however, to wheel the baby on the street, but I do consider it the worst of bad form for a nurse to wear her uniform on the street under any circumstances.

When it is possible, if the nurse will spend a half day with a prospective patient, making the pads herself, she can explain the method she pursues. When I have done this I have been repaid by having everything ready at the time of confinement, and invariably the patient has instructed her servants what to expect. Some nurses do not consider it their duty to wash and sterilize the bottles where they are used for the baby. Others do not carry or prepare the patient's tray. To me these things are more strictly the nurse's work than doing the laundry. I cannot say that these are the rules of this locality, as I find that nurses follow their own ideas and individual tastes in settling problems for themselves.

L. B.,  
Des Moines, Iowa.

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DEAR EDITOR: The managers of quack training-schools for nurses, correspondence schools, short-term schools and the like, where nursing pretends to be taught without patients, by dint of hearing a few lectures and attending a few classes, are adopting a most shameless and hypocritical method of advertising themselves and of protecting themselves



from public criticism. Understanding well the readiness with which numbers of well-meaning but sentimental people allow themselves to be taken in by pious frauds and by asseverations of religious purpose, the quack nursing-school is now blatantly cried over the country as founded on religion and a love of humanity, and as working solely from a religious impulse. The cant, amounting to plain blasphemy, and fulsome pretentiousness and unctuousness with which the circulars and reports of these schools are filled, is disgusting to a refined mind and odious to those who abhor seeing the mantle of true religion used to cloak the most fraudulent and self-seeking purposes.

There is too little genuine, self-forgetting, unostentatious religion to-day, and too much of the loud declamatory type. The mode of advertising of the fraudulent nursing-school is precisely that of the patent-medicine fraud. It is a canny scheme, because many will be intimidated by it and will hesitate to oppose what wears the tag of religion, fearing to be shrieked at as irreligious or as hostile to the works of religion.

JUSTICE.

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DEAR EDITOR: I have wanted to send thanks to the JOURNAL many times for ideas and helps found within its pages, but one thing especially has been of great benefit to me. That is Miss Ruth Sherman's "Method of Sterilizing in a Private House," and I want her to know that several others have thanked her in their hearts for so carefully explaining how to arrange the cheese-cloth around the boiler, so that there is no chance of the bundles to be steamed falling into the water.

Until I made a hammock after her pattern I had had many a slip into the water of parcels to be steamed—sterilized. I gathered the cheese-cloth at the handles, and fastened it with safety-pins, but I always held my breath (while some one else held the opposite end of the cloth), and at intervals until the bundles were safely out of the uncertain sterilizer.

Now with this new device I feel as comfortable as if I were in a modern hospital sterilizing-room, and so do not need to plan time for possible mishaps. The JOURNAL is a great post-graduate assistance.

E. L. P., R.N.

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DEAR EDITOR: Answering "Yearling," as a nurse of long standing, I made it my rule to wash my babies' diapers and flannels in all cases where there was no nursemaid or separate laundress. I knew then how they were washed—no soda or washing powders, and by the

use of small folds of muslin that were destroyed, and rinsing or, indeed, washing at once, as soon as used, I experienced very little trouble, and except when the water was unusually hard, no detriment to my hands. As to the flannels, no one else seemed to do them so well, and I was careful that they did not need to be washed too often. No baby is too young to be trained to the use of a small bowl, held in the lap. This obviates a good deal of washing. I *have* caught the meconium! I am aware that my practice is rather the exception, but I never found my dignity or standing lowered by such action. My record stands now at my sixtieth birth. "1890."



PNEUMONIA.—Dr. H. B. Weaver in an article in the *Medical Record* says that pneumonia is increasing in prevalence and fatality and urges that more attention should be paid to prophylaxis. If measures of prevention were more generally taught and adopted, the prevalence of pneumonia could be greatly reduced in a short while. The profession should know and the people must be taught how to prevent pneumonia. They must be informed that it is infectious; that it can be communicated from one person to another; that it is *preventable*. And how? Simply by taking care of the sputum of pneumonia patients. Instruct them not to expectorate indiscriminately on the floor or bedding. Let them spit in a cuspidor, or upon cloth, which should be immediately burned. The mouth and teeth should be thoroughly and often cleansed with an antiseptic wash. In fact all the excretions should be as sedulously disinfected and destroyed as in cases of typhoid fever. And after recovery or death in every case of pneumonia, the room should be as thoroughly disinfected by fumigations with formaldehyde as in cases of all other contagious diseases.

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PERUVIAN BALSAM IN TREATMENT OF WOUNDS.—The *Journal of the American Medical Association*, quoting from a foreign contemporary, says: "Schlöffner has treated more than 100 cases of wounds with Peruvian balsam and his experience has convinced him that the balsam has certain properties which surpass those of any other substance at our disposal for the treatment of wounds, especially in crushed and soiled tissues. Severe inflammation never develops in any wound treated with the balsam in the first twenty-four hours. The balsam is poured into the wound and every crevice filled. It attracts the leucocytes to the spot and has a kind of mummifying effect on the dead tissues, while it mechanically checks the development of micro-organisms."